CITY OF ST. MARYS 418 SECOND STREET ST. MARYS, WV 26170

304-684-2401 ♦ 304-684-2463 FAX ♦ <u>billingclerk@frontier.com</u>

APPLICATION FOR HOLD OR DISCONTINUE OF WATER/SEWER/GARBAGE SERVICES

Date:	Account Number:	
Name(s) Currently on Account:		
Service Address:		
Mailing Address (if different):		
City:	State:	Zip Code:
Phone Number:	Secondary Phon	e Number:
Property Owner:	Owner Phone	Number:
I wish to place my account on \Box HC	DLD status, ☐ ACTIVE st	atus or DISCONTINUE services for
my account.		
Property Owner	Re	nter 🗆
Forwarding Address:		
Forwarding Address: Forwarding Phone Number:		
Forwarding Phone Number:	Secondary S	ary Phone Number: Renter Moving
Forwarding Phone Number: Change Date: State Identification or Driver's Licens your State ID or Driver's License.	Secondary Reason for Change: e is required. If applying by records.	ary Phone Number: Renter Moving □
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State Identification or Driver's Licens your State ID or Driver's License. First Name Deposit Refunds and Final Billing:	Reason for Change: e is required. If applying by records Last Name	ary Phone Number: Renter Moving □ nail, e-mail or fax, you must include a copy Signature
State Identification or Driver's Licens your State ID or Driver's License. First Name Deposit Refunds and Final Billing: Deposits that have not been previously refu	Reason for Change: e is required. If applying by records to the account holder will anded to the account holder will anded to the account holder will anded to the account holder will and account holder will and account holder will and account holder will and account holder will be account hold be account holder will be account h	ary Phone Number: Renter Moving □ nail, e-mail or fax, you must include a copy Signature I be applied during final billing. Final bills will
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